

1988 Form 4 GENERATOR ANNUAL DANGEROUS WASTE REPORT

1988

Form 4

PLEASE PRINT OR TYPE (form designed for use on Elite (12-pitch) typewriter). BLUE OR BLACK INK ONLY

1. COMPANY NAME

ALASKAN COPPER WORKS

2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUMBER

WAD980738546

DATE RECEIVED

Init: _____ Date: _____
Init: _____ Date: _____
Init: _____ Date: _____
Verified: _____ Date: _____
Batch No. _____

3. SITE CONTACT PERSON

JAMES BROWN

CONTACT TITLE

OPERATIONS M

CONTACT PHONE NUMBER

- - - - - ext. - - - - -

4. SITE LOCATION ADDRESS

Street or Description (see instructions)

3200 6TH AVE SO

City

State

Zip

SEATTLE

WA

98124

SITE LOCATION COUNTY

KING

5. COMPANY MAILING ADDRESS

Street or P.O. Box

PO BOX 3546

City

State

Zip

SEATTLE

WA

98134

6. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER

(DO NOT use your Federal Tax Number)

578-033-053

7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Primary

3498

Secondary

Other

8. SITE EMPLOYMENT
ON DECEMBER 31, 1988

204

9.

REGULATORY STATUS CERTIFICATION

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A. ☐ I.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualifies for this status and that I have read and understand the instructions for this section.B. ☐ EXEMPTIONS—WAC 173-303-017, or WAC 173-303-071, or WAC 173-303-120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has been granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS REPORT. I understand this does NOT apply to on-site or off-site recycling of wastes, and that recycled wastes and the residues from recycling must be designated and reported.C. ☐ TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill cleanup occurred at this site.D. ☐ NO WASTE—I certify that NO WASTE was generated, stored or removed from this site during 1988.E. ☐ SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in the "Guide to Annual Reporting". I have entered the maximum generated, or accumulated on-site prior to shipment during the year in the space provided. I understand this section applies only if this site generated or accumulated less than the QEL for ALL wastes each and every month of 1988.F. ☐ OTHER—You MUST attach a detailed explanation with this form if you are declaring any other reporting exemption, or your form will be rejected.

SEND TO:

DEPARTMENT OF ECOLOGY
HAZARDOUS WASTE SECTION
ATTN. Annual Reports R/6
Mail Stop PV-11
Olympia, WA 98504-8711

FOR ASSISTANCE CALL:

1-800-874-2022
(Seasonal Toll Free Number)

Other times (206) 459-6281

DUE DATE:

Postmarked No Later Than
MARCH 1, 1989

10. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

JAMES BROWN

PRINT OR TYPE NAME

James C Brown

SIGNATURE (must be in ink)

7/31/89

DATE SIGNED

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PRINT OR TYPE NAME



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AKC-0020097

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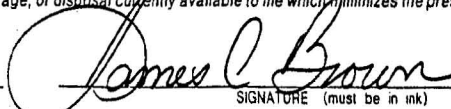
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WAD 98 0738546

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CONTACT TITLE

CONTACT PHONE NUMBER

JAMES BROWN

OPERATIONS M

- - - - - ext. - - - - -

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Form 4

AKC-0020101

1988

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Form 4

1988

11. YOUR EPA/STATE I.D. NUMBER	12. RECEIVING FACILITY (TSD)	NAME:	13. TRANSPORTER	NAME:
	EPA/STATE I.D. NUMBER	ADDRESS:	EPA/STATE I.D. NUMBER	ADDRESS:
WAD980738546	WAD058367152	1500 AIRPORT WAY So.	WAD058367152	1500 AIRPORT WAY So.
	SEATTLE WA.	ZIP: 98134	SEATTLE WA.	ZIP: 98134

[illegible]

15. COMMENTS (Enter information by section and/or line number—see instructions).

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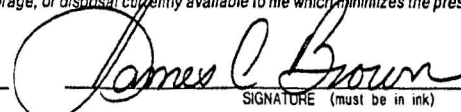
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AKC-0020105

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Zip

SEATTLE

WA

98134

6. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER

(DO NOT use your Federal Tax Number)

578-033-053

7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Primary

3498

Secondary

Other

8. SITE EMPLOYMENT

ON DECEMBER 31, 1988

204

9. REGULATORY STATUS CERTIFICATION

REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE ENTRY BY PLACING YOUR INITIALS IN THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THESE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM AND SKIP THIS SECTION.

- A. ☐ I.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualifies for this status and that I have read and understand the instructions for this section.
- B. ☐ EXEMPTIONS—WAC 173-303-017, or WAC 173-303-071, or WAC 173-303-120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has been granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS REPORT. I understand this does NOT apply to on-site or off-site recycling of wastes, and that recycled wastes and the residues from recycling must be designated and reported.
- C. ☐ TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill cleanup occurred at this site.
- D. ☐ NO WASTE—I certify that NO WASTE was generated, stored or removed from this site during 1988.
- E. ☐ SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in the "Guide to Annual Reporting". I have entered the maximum generated, or accumulated on-site prior to shipment during the year in the space provided. I understand this section applies only if this site generated or accumulated less than the QEL for ALL wastes each and every month of 1988.
- F. ☐ OTHER—You MUST attach a detailed explanation with this form if you are declaring any other reporting exemption, or your form will be rejected.

SEND TO:

DEPARTMENT OF ECOLOGY
HAZARDOUS WASTE SECTION
ATTN: Annual Reports R/6
Mail Stop PV-11
Olympia, WA 98504-8711

FOR ASSISTANCE CALL:

1-800-874-2022
(Seasonal Toll Free Number)

Other times (206) 459-6281

DUE DATE:

Postmarked No Later Than
MARCH 1, 1989

10. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

JAMES BROWN

PRINT OR TYPE NAME

James C Brown

SIGNATURE (must be in ink)

7/31/89

DATE SIGNED

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